

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.

2014 FEB -4 PM 12: 46

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the und business is: ——————————————————————————————————	dersigned use(s) in the transaction of EEYE HME INSPECTIONS
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Example LLC w(333 9)	of the entity or individual(s) doing le: <u>Complete Address</u> /242 E LAFECHEK ST Meridian D
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	sider the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Lelly TACOVEII; 1242 E LARECHER ST MEREDIAN, ID BRUAZ	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above).	nt
R CRIC CO.	Secretary of State use only
Printed Name: Kelly Tacovelli Pransity With: Our Sansaity With the Constitution of th	D168635
Capacity/Title: () () () () () () () () () () () () ()	IDAHO SECRETARY OF STATE @2/04/2014 @5:00 CK: 178 CT: 291947 BH: 1409065 1 @ 25.00 = 25.00 ASSUM NAME # 4